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STATEMENT CLAIMING SM (37 CFR 1.9(f) & 1.27(b))—IN	Docket Number (Optional)		
Applicant, Patentee, or Identifier:	Anthony C. Parra and Debra	L. Parra	
Application or Patent No.:			
Filed or lasued:			
Title: CASINO GAMING	STATION		
for purposes of paying reduced fe	eby state that I qualify as an independent inventions to the Patent and Trademark Office describe	or as defined in 37 CFR 1.9(c) ad in:	
.	with with title as listed above.		
the application identified above.			
the patent identified above	veyed, or licensed, and am under no obligation:		
grant, convey, or license, any right under 37 CFR 1.9(c) if that perso business concern under 37 CFR 1	s in the invention to any person who would not quin had made the invention, or to any concern who is a made the invention, or to any concern who is a made to any concern who is a made to	alify as an independent inventor ioh would not qualify as a small 1.9(e).	
Each person, concern, or organize obligation under contract or law to	ation to which I have assigned, granted, convey a assign, grant, convey, or license any rights in (red, or licensed or am under an the invention is listed below:	
X No such person, concern	n, or organization exists.		
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i acknowledge the duty to file, in the entitlement to small entity status	from each named person, concern, or organizations. (37 CFR 1.27) In application or patent, notification of any charmorist paying, or at the time of paying, the electron which status as a small entity is no longer to the content of	ge in status resulting in loss of	
Anthony & Parra NAME OF INVENTOR Signature of Inventor	Debra L. Parra NAME OF INVENTOR Signature of Inventor	NAME OF INVENTOR	
1 8 02 Date	1/8/02		
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, Patent and Tradement Office, Westington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Accident Commissioner for Patents, Westington, DC 20231.

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DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is entitled CASINO GAMING STATION, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 C.F.R. 1.56 (a).

I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Robert L. Marsh, Reg. No. 25,894 of 54 Danada Drive, P.O. Box 4468, Wheaton, Illinois 60189-4468.

Address all telephone calls and correspondence to:

Robert L. Marsh 54 Danada Drive P.O. Box 4468 Wheaton, Illinois 60189-4468 (630) 681-7500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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